ADAMS COUNTY MEMORIAL-NURSING ADDITION

402 W LAKE, P.O. BOX 40

FRIENDSHIP 53934 Phone: (608) 339-3331 Ownership: Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/03): 18 Title 18 (Medicare) Certified? No
Total Licensed Bed Capacity (12/31/03): 18 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/03: 18 Average Daily Census: 18

Services Provided to Non-Residents | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | Length of Stay (12/31/03) % Home Health Care No | Primary Diagnosis % | Age Groups % | Less Than 1 Year 5.6 Supp. Home Care-Personal Care No | ------- | 1 - 4 Years

27.8

****** Method of Reimbursement

Medicare (Title 18)		Medicaid (Title 19)			Other		Private Pay		Family Care		Managed Care									
Level of Care	No.	양	Per Diem (\$)	No.	ું	Per Diem (\$)	No.	용	Per Diem (\$)	No.	%	Per Diem (\$)	No.	용	Per Diem (\$)	No.	용	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	15	93.8	116	0	0.0	0	2	100.0	125	0	0.0	0	0	0.0	0	17	94.4
Intermediate				1	6.3	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	5.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		16	100.0		0	0.0		2	100.0		0	0.0		0	0.0		18	100.0

Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03										
Deaths During Reporting Period	% Needing										
Percent Admissions from:		Activities of	8		sistance of	% Totally	Total Number of				
Private Home/No Home Health	12.5 i	Daily Living (ADL)	Independent	One	Or Two Staff	<u> </u>	Residents				
Private Home/With Home Health	0.0	<u> </u>	22.2		16.7	61.1	18				
Other Nursing Homes	37.5 I	3	11.1		27.8	61.1	18				
Acute Care Hospitals	50.0 i		11.1		33.3	55.6	18				
Psych. HospMR/DD Facilities			22.2		11.1	66.7	18				
Rehabilitation Hospitals	0.0 i	Eating	77.8		5.6	16.7	18				
Other Locations	0.0	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****				
otal Number of Admissions	8	Continence		용	Special Treatm	ents	용				
ercent Discharges To:	į	Indwelling Or Extern	al Catheter	11.1	Receiving Re	spiratory Care	16.7				
Private Home/No Home Health	0.0	Occ/Freg. Incontinen	t of Bladder	38.9	-	acheostomy Care	0.0				
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	33.3	Receiving Su	ctioning	0.0				
Other Nursing Homes	0.0	_			Receiving Os	tomy Care	0.0				
Acute Care Hospitals	12.5	Mobility			Receiving Tu	be Feeding	5.6				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	5.6	Receiving Me	chanically Altered Diets	50.0				
Rehabilitation Hospitals	0.0										
Other Locations	12.5	Skin Care			Other Resident	Characteristics					
Deaths	75.0	With Pressure Sores		11.1	Have Advance	Directives	66.7				
otal Number of Discharges	į	With Rashes		5.6	Medications						
(Including Deaths)	8				Receiving Ps	ychoactive Drugs	27.8				

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Hospital-	Ī	All	
	Facility	Based F	acilities	Facilties		
	%	%	Ratio	8	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	90.1	1.11	87.4	1.14	
Current Residents from In-County	88.9	83.8	1.06	76.7	1.16	
Admissions from In-County, Still Residing	62.5	14.2	4.42	19.6	3.18	
Admissions/Average Daily Census	44.4	229.5	0.19	141.3	0.31	
Discharges/Average Daily Census	44.4	229.2	0.19	142.5	0.31	
Discharges To Private Residence/Average Daily Census	0.0	124.8	0.00	61.6	0.00	
Residents Receiving Skilled Care	94.4	92.5	1.02	88.1	1.07	
Residents Aged 65 and Older	94.4	91.8	1.03	87.8	1.08	
Title 19 (Medicaid) Funded Residents	88.9	64.4	1.38	65.9	1.35	
Private Pay Funded Residents	11.1	22.4	0.50	21.0	0.53	
Developmentally Disabled Residents	5.6	1.2	4.68	6.5	0.86	
Mentally Ill Residents	38.9	32.9	1.18	33.6	1.16	
General Medical Service Residents	5.6	22.9	0.24	20.6	0.27	
Impaired ADL (Mean)*	63.3	48.6	1.30	49.4	1.28	
Psychological Problems	27.8	55.4	0.50	57.4	0.48	
Nursing Care Required (Mean) *	11.1	7.0	1.59	7.3	1.52	